

WORK SCHEDULE ELECTION

I wish to elect the following work schedule effective the date below. I understand this schedule must be approved by the chain of supervision and if approved, I understand it will continue until another work schedule election is initiated and approved.

☐ Basic Work Schedule (5 eight-hour days, Monday thru Friday)

My work hours will be _____.

I will take a ☐30 ☐45 ☐60 minute lunch period off the clock.

☐ Compressed Work Schedule

☐ 5/4/9

☐ 4/10 (Kansas Army National Guard maintenance/aviation activities only)

My work hours will be _____

☐ I prefer a specific day of the week off every pay period. I understand I cannot have more than four 4-day weekends in a leave year in conjunction with an SDO.

Circle one: Monday Tuesday Wednesday Thursday Friday

☐ I prefer to schedule my SDO's on a quarterly basis.

☐ I prefer to schedule my SDO's on a semi-annual basis.

☐ I prefer to schedule my SDO's on an annual basis.

Effective date: _____

Employee Signature

First-Line Supervisor

Higher-Level Supervisor